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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESNo. 9130, P. 14
PRINTED: 02/12/2014
FORM APPROVED
OMB NO. 0938-0391

45th 3/22/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445148	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED 02/03/2014
NAME OF PROVIDER OR SUPPLIER DONELSON PLACE CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2733 MCCAMPBELL AVENUE NASHVILLE, TN 37214		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the smoke barriers.</p> <p>The findings included:</p> <p>Observation of the attic above the corridor at room 232 revealed a smoke wall penetration.</p> <p>The finding was verified by the maintenance director and acknowledged by the administrator during the exit conference.</p>	K 025	<p>K 025 NFPA 101 Life Safety Code Standards Smoke Barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Residents Affected/Potentially affected: All residents in the facility have the potential to be affected by this cited practice. The smoke wall above room 232 penetration was sealed with mortar. All Smoke walls in the attic were inspected for penetrations. Systemic Changes: The Maintenance director/designee will check behind contractors for penetrations in smoke walls. The maintenance director/designee will immediately correct penetrations observed after inspecting contractor work. The Maintenance director/designee will report to the administrator penetrations that had to be corrected. Monitoring Changes: The maintenance director/designee will inspect behind contractors for penetrations in the smoke wall. The maintenance director/designee will report penetrations in the smoke wall to the administrator. The administrator will discuss and report in monthly QA x 2 months and upon occurrence thereafter.</p>	3/22/14	
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5.</p> <p>This STANDARD is not met as evidenced by:</p>	K 062	<p>K 062 NFPA 101 Life Safety Code Standard Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. Residents Affected/Potentially Affected: All Residents in the facility have the potential to be affected by this cited practice. A five year Sprinkler system inspection was performed by Century fire Protection Company on 2/13/14. Systemic Changes: The Maintenance director/designee will add the five year sprinkler system inspection to the TELS (program. Any concerns identified with the sprinkler system inspection will be addressed immediately and reported to the</p>	3/14/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 062	Continued From page 1 Based on records review, it was determined the facility failed to maintain the sprinkler system. The findings included: Records review revealed the facility failed to conduct the required 5 year sprinkler investigation. The finding was verified by the maintenance director and acknowledged by the administrator during the exit conference.	K 062	administrator. There were no concerns identified during the inspection performed by Century fire Protection Company. Monitoring Change: The Maintenance Director will report concerns identified with the sprinkler system to the administrator. The administrator will discuss and review in monthly QA x two months and upon occurrence thereafter.		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to protect the cooking facilities. The findings included: Observation of the kitchen revealed the kitchen fire suppression system was not centered over the cooking equipment. The finding was verified by the maintenance director and acknowledged by the administrator during the exit conference.	K 069	K 069 NFPA 101 Life Safety Code Standard Cooking facilities are protected in accordance with 9.2.3. Residents Affected/Potentially Affected: All residents have the potential to be affected by this cited practice. The kitchen equipment was moved by the maintenance department so that it was covered by the fire suppression system. The maintenance director/designee will have Century fire Protection Company come out and center the fire suppression nozzles by 3/7/14. Systemic Changes: The maintenance director will educate the dietary department on the kitchen equipment being centered on the fire suppression system. The dietary manager will ensure the fire suppression system is centered throughout the work week. Any concerns identified with the suppression centering will be addressed immediately and reported to the Maintenance director. The Maintenance director/designee will log the fire suppression system in the kitchen into TELS when it's performed by Century fire Protection Company. Monitoring changes: The Maintenance director will correct or notify Century fire Protection Company when concerns are identified with the suppression center for repairs. The maintenance director will then report it to the administrator so it can be discussed and reviewed in monthly QA x 2 months and upon occurrence thereafter.	9/14/14	